

Division of Medicaid
Post Office Box 83720
Boise, ID 83720-0009

<Date>

<Name>

<Address>

<City, State, Zip>

Idaho Medicaid Plus Selection Notice

Dear<name>

In an effort to improve Medicaid benefits for people with both Medicare and Medicaid coverage, Idaho Medicaid offers two program options to better serve Duals.

Option #1: If you would like your Medicare plan to match your Medicaid plan, we encourage you to consider enrolling in the **Medicare Medicaid Coordinated Plan (MMCP)** available through Molina Healthcare of Idaho and Blue Cross of Idaho. The MMCP is a program that integrates **both** your Medicare *and* Medicaid into a **single plan** and there is no cost to you. Please call Blue Cross of Idaho or Molina Healthcare of Idaho if you would like this simplified coverage (their numbers are listed below).

Option #2: If you choose not to enroll in the MMCP, you will be asked to select a health plan to administer your Medicaid benefits under the **Idaho Medicaid Plus** program. Under Idaho Medicaid Plus, your Medicaid benefits (including behavioral health services, Nursing Facility care and Aged and Disabled Waiver home and community-based services) will be administered by a health insurance company. **Your Medicare coverage will not change.**

If you have not enrolled in the MMCP, this is your opportunity to decide which health plan you would like to choose to manage your Idaho Medicaid Plus program. The plans available are:

Blue Cross of Idaho	Molina Healthcare of Idaho
(800)289-7921 www.truebluesnp.com	(844)890-7009 www.molinahealthcare.com/members/id

There are two ways you can notify us of which health plan you would like:

1. Complete the enclosed enrollment form and mail it in the envelope provided, or
2. Call us toll free at (833)814-8568 and we will be happy to help you.

It is important that you select a health plan by <mm/dd/yyyy>. If you do not choose a health plan, Idaho Medicaid will assign you to one of the plans.

Coverage with your health plan will begin on <mm/dd/year>. You can make a change to your health plan within ninety (90) days of starting coverage. After that you will not be able to change your health plan until Open Enrollment, except in special circumstances. Open Enrollment will occur one time per year.

You will receive a welcome packet from your health plan that will include your new identification card, information about the plan and their contact information.

For additional information on Idaho Medicaid Plus or the MMCP, visit our website at mmcp.dhw.idaho.gov or call us toll free at (833)814-8568.

Idaho Medicaid Plus Enrollment Form

If you have not enrolled in the Medicare Medicaid Coordinated Plan (MMCP), you have the opportunity to choose your provider for the **Idaho Medicaid Plus Plan**.

Participant Name	Medicaid ID Number	Birth Date

Please select your provider for the **Idaho Medicaid Plus program** by checking one of the boxes below.

☐ **Blue Cross of Idaho**

☐ **Molina Healthcare of Idaho**

If you choose not to make a selection, you will be randomly assigned to one of the health plans above.

Are you pregnant? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, Due Date:
Are you a Tribal Member? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If you would prefer to have your Medicare and Medicaid in a single coordinated plan please contact one of health plans below for more information about the MMCP:	
Molina Healthcare of Idaho (866) 403-8293 www.molinahealthcare.com/members/id	Blue Cross of Idaho (888) 495-2583 idahotruebluesnp.com

Person Completing this Form (Participant or Authorized Individual) Please print clearly		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	E-Mail Address:	

I understand I am enrolling in the Idaho Medicaid Plus program and that I can make a change to my health plan within the first 90 days of coverage. After that I will not be able to change my health plan until the annual Open Enrollment period.

Signature: _____ Date: _____

Please return the completed form in the enclosed envelope and mail to:	Idaho Medicaid c/o DXC Technology PO Box 70081 Boise, ID 83707-9985
Idaho Medicaid Plus Contact Information	
Phone: (833) 814-8568 ~ Fax: (208) 332-7283 ~ E-Mail: IdahoDuals@dhw.idaho.gov	